



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES
DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)

PRACTITIONER INSTRUCTIONS (Revised April 18, 2016)

Division of Drug Control Website: <http://dhmh.maryland.gov/drugcontrol>

GENERAL DIRECTIONS: Application Sections 1, 2 and 3 must be completed, signed and dated. Applications torn in half, incomplete or without payments will be returned, which delays CDS issuance. **Allow approximately 3 to 4 business weeks for the entire process to be completed, including mailing of permit** (does not include holidays and other State closings). DDC can grant active CDS status for applicants to practice or conduct business relative to CDS, until the division takes final action on the application. (Contact DDC at 410-764-2890 for details.) Application status can be checked at: <http://dhmh.maryland.gov/drugcontrol> - click: CDS Search or GOOGLE: Maryland CDS Search. If DDC verification web page states "pending," contact DDC for follow-up.

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. PROFESSIONAL CLASSIFICATION

- 1) Check only one box (☒) for the type of professional classification for which you are requesting registration/certification.
- 2) A separate application must be completed for each profession.
- 3) Submit required documentation for Profession for which requesting registration/certification, such as:
 - (a.) MIEMSS License (Emergency Medical System/Ambulance)
 - (b.) Delegation Agreement (With CDS Prescriptive Authority or supervisory physician name required)
 - (c.) Researcher Questionnaire (Required for all Researchers Schedule I-V)

B. Payment Details

Select type of application by checking the box (☒) next to the amount for that type. Check/money order must be dated, made payable to DHMH-Drug Control, signed, written number amount must match the numerical amount, and **APPLICATION FEES ARE NON-REFUNDABLE FOR PARTIAL OR FULL REGISTRATIONS. Do not send application without check or check without application.**

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| <p>1) Renewal and New (2-Year \$80 or 3-Year \$120): Additional fees for Address and Name Changes are not required at time of renewal. For new CDS, tentative processing # is given until DDC issues permanent CDS #. The TEMP # cannot be used to apply for the federal DEA's Registration. An additional permit not required for prescribing at different locations but is required for each location where CDS is administered, stored, dispensed, manufactured.</p> <p>2) Address Change (\$50): An application must be submitted whenever there is a change of address printed on the CDS permit. Registrants must take affirmative steps to notify the DDC of address changes.</p> <p>3) Mailing Address Change (\$0): No fee for changing.</p> | <p>4) Name Change (\$50): Official/sealed certified name change documentation must be submitted (i.e., marriage license, divorce decree, court order).</p> <p>5) Duplicate (\$30): Please check DDC on-line web site to confirm expiration date prior to submitting application and fee. Application and fee submitted for expired permit will be denied and fee is non-refundable.</p> <p>6) Discontinuation (\$0): No fee. If cancelling during expiration period, note "Reason", surrender original permit with application, and include notice of how and to whom CDS transferred or disposed of.</p> |
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C. Fee Exempt Details

Check the box (☒) next to State or Local Government. Certifying Official must list Agency Unit Code to verify registrant is paid by government for fee-exempt status. DDC issues fee exempt registrations to State and Local Government officials, practitioners, researchers, employees or facilities. Federal officials, employees or institutions can be issued CDS permit *for fee* at public fulltime place of business or private practice. Certifying details, signature and date must be listed, authorizing CDS is handled at exempt location only.

SECTION 2: APPLICANT DETAILS

- A-C.** List applicant's full name, business name, and business address where the CDS Registration will be used. **A Maryland business address is required for where the CDS Registration will be used.** If a specific mailing address is not requested, the CDS will be automatically mailed to the business address. List (city/county) within which the business is located. A post office (PO) box is not acceptable. (DDC must be able to ascertain at all times that an application and fee with the correct and current address are received for each separate place of business, professional practice or location for which each registration is required.)
- D-E.** List a home address for personal contact purposes (will not become public record); alternate telephone numbers, such as mobile/cell, are helpful if there are questions regarding the application; and **email address required** for renewal notice purposes.
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SECTION 3: PROFESSIONAL LICENSE DETAILS

- A-C.** List the required license and expiration date for the profession for which you are requesting registration. List the Social Security or Federal Tax I.D. and DEA Permit numbers and expiration dates. If the DEA is pending the issuance of the CDS, please list "pending".
- D-G.** Answer Questions D, E, F, G, pertaining to your Professional License. Do not skip any question. Answer "yes" or "no" to each question. If the answer is yes to any question, submit a detailed explanation and submit copies of pertinent and supporting documentation.
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Signature and Date (Required): Sign and date the application. No signature and date will determine your application to be "incomplete" and delayed. (Your signature attests to the fact that the information provided is accurate.)